Foster Family Home - Corrective Action Report

Provider ID:

5-623589

Home Name:

Leonarda Batulayan, CNA

Review ID: 5-623589-10

5419 Kuapapa Street

Reviewer:

Terri Van Houten

Kapa'a

HI 96746 Begin Date:

7/13/2020

Foster Family Home

Background Checks

[11-800-8]

8.(a)(1)

Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) - PCG APS/CAN expired 4/12/20. HHM #1 - eCrim expired 4/19/17

Foster	Family	Home

Fire Safety

[11-800-46]

46.(a)

The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

46.(b)(2)

All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a) No documented fire drill since 9/30/19.

46.(b)(2) Unable to confirm SCGs have been trained since no documentation present.

Foster Family Home

Fiscal Requirements

[11-800-52]

52.(b)

The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b) - No records of household budget since 9/2019

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Records

[11-800-54]

Emergency procedures and an evacuation map;

54.(a)(1) 54.(c)(5)

Medication schedule checklist;

54.(c)(6)

Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(a)(1) - No evacuation plan is posted in the residence

54.(c)(5) - Medications have not been documented as given since 6/20/20

54.(c)(6) - Provision of care flowsheet not updated since 5/31/20

7 13 20 Date 7/13/20

CTA RN Compliance Manager:

8088211641

Terri Van Houten

Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP) Chapter 11-800

PCG's Name on CCFFH Certificate: LEDNAR DA BATULAYAN

(PLEASE PRINT)

CCFFH Address: 5419 KUAPAPA ST, KAPAA HI 96746

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Rule Corrective Action Taken – How each issue fixed for each violati	on? violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
(a)a) I received a curren	X 0 7/20/20	1'd wrote mexpiration
APS/CAN for PCG & plant was a current ecrim from HHM#1 placed in my CCFFH birder.	den Z 7/19/20	dates for everything that has experiation dat for all CGS & HH M on wall colored & will look at it when I change
(a) Fire Drill conducted w the some gives PCG	<i>Ch</i> −() :	to the new month. 2. I will chart every
PCG & SCG & HH M	11111	medication chart Ex
complete & worthy budget 2019 complete & worthy budget for 2020 until	7/20/20	46 (6) we will conduct fine delle the town on the hours
4(a)(i) Evacuation plan is per	te 0	to do the sungency pro
		52(b) I will make my months
(96) Medicallotter for Model 60 7/1/20 -7/3/20 (96) Come Flow Sheet for 6/1/20-4/30/20 complete	0-413120	to a mand med.
care Flow Sheet for 7/1/-10-7/31/20 complete		SHQ(CI) Evacuation Flow is pos
11/20 - 1/15/100		546 (6) I will chart my MAR sum quanto dient ned; start will record on my care flow plant every come of
	1 1	4 C
		flow short every and day

PCG's Signature: Semanda Batulayan

Date: 8/06/20

CTA has reviewed all corrected Items